

**STATE OF IDAHO  
IDAHO STATE BOARD OF MORTICIANS**

**APPLICATION FOR MORTICIAN LICENSURE**

**APPLICATION INSTRUCTIONS**

Please complete the application and required addendum by providing all of the requested information. Please read all questions carefully. All requested information and fees must be provided. Failure to provide a complete application will result in its return to you. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. To be considered by the Board, the Bureau must receive properly completed applications at least sixty (60) days prior to the date of the examination.

All applicants for an Idaho license who are not currently licensed in another state must serve a minimum of 1 year as a Resident Trainee under the direct supervision of an Idaho licensed mortician and successfully pass the Idaho State Law Examination.

**ENDORSEMENT APPLICANTS**

If you hold a current, valid license in another state or territory with requirements substantially similar to those in Idaho and have less than 5 consecutive years experience prior to application, you must:

- (a) Submit a complete application; and
- (b) Include official documentation that the license was issued under substantially similar requirements; and
- (c) Cause to have submitted a certified statement from the examining board of the state or territory in which you hold a license, verifying licensure and showing the basis upon which the license was granted; and
- (d) Pay the required fees.

If you hold a current, valid license in another state or territory with requirements significantly lower than those of Idaho and have at least five (5) consecutive years of experience prior to application, you must

- (a) Submit a complete application; and
- (b) Pay the required fees; and
- (c) Pass such test of proficiency as the board shall require.

**All applicants for an Idaho license must successfully pass the Idaho State Law Examination.**

APPLICATION FEE	\$ 100.00
ORIGINAL LICENSE	\$ 85.00

**NOTE: ANY PRACTICE AS A MORTICIAN IN IDAHO PRIOR TO OBTAINING A VALID LICENSE OR PERMIT IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (§ 54-1103. & § 54-1116., I.C.)**

**A.D.A. NOTICE**

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

**BUREAU OF OCCUPATIONAL LICENSES**

**1109 Main Street, Suite 220**

**Boise, Idaho 83702-5642**

**(208) 334-3233**

**FAX (208) 334-3945**

**Web site - [www2.state.id.us/ibol/mor.htm](http://www2.state.id.us/ibol/mor.htm)  
[mor@ibol.state.id.us](mailto:mor@ibol.state.id.us)**

**STATE OF IDAHO**  
**IDAHO STATE BOARD OF MORTICIANS**

**APPLICATION FOR MORTICIAN LICENSURE**

**An application fee of \$100.00 and an \$85.00 license fee must be submitted with this application.**

I hereby submit my qualifications and make application for a license or permit to practice as a Mortician in the State of Idaho under the provisions of Title 54, Chapter 11, Idaho Code, as amended and provide the following:

**1. Full Name (Mr., Mrs., or Ms.)** \_\_\_\_\_

**2. Mailing address** \_\_\_\_\_  
Street/PO Box City State Zip

**3. Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

(Proof of being 21 years of age must be attached – i.e. a copy of birth certificate, passport, military ID, or valid driver's license).

**4. Daytime phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**5. Are you currently or have you ever been licensed as a mortician or funeral director in any state?** [ ] Yes [ ] No  
(If yes, this office must receive certified documentation of said licensure directly from the licensing entity. If you are licensed in Idaho, please attach a photocopy of your current license.)

**6. Have you practiced as a licensed resident trainee in Idaho for not less than 12 months?** [ ] Yes [ ] No  
(If you are not currently licensed in another state, documentation verifying compliance with § 54-1109.05., Idaho Code & Rule 250 must be on file with the Board. If No to both 5 & 6, the Resident Trainee application must be submitted instead of this application.)

**7. Have you completed the college educational requirements outlined in § 54-1109.03., Idaho Code?** [ ] Yes [ ] No  
(If Yes, this office must receive official certified transcripts directly from the university/college registrar.)

**8. Have you completed the embalming school educational requirements outlined in § 54-1109.04., Idaho Code?**  
(If Yes, this office must receive official certified transcripts directly from the university/college registrar.) [ ] Yes [ ] No

**9. Have you ever had a license, certification, or registration denied, revoked or suspended?** [ ] Yes [ ] No  
(If yes, please attach a detailed statement, including a copy of the charges and the final order.)

**10. Have you ever been convicted of any State or Federal felony?** [ ] Yes [ ] No  
(If yes, please attach a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)

**AFFIDAVIT**

I hereby certify under penalty of perjury that the responses provided above and that all attached documentations are true and accurate to the best of my knowledge and belief and that I am of good moral character and temperate habits. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing my practice.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

\_\_\_\_\_  
Signature of applicant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

**(continued)**

**APPLICATION FOR MORTICIAN LICENSURE  
ADDENDUM I**

**A. CHARACTER REFERENCES:** Please provide the names and addresses of three character references below.


**B. PRACTICAL WORK EXPERIENCE:** List your work experience including employers names, addresses, phone numbers and dates of practice.

NAME OF BUSINESS \_\_\_\_\_ EMPLOYERS NAME \_\_\_\_\_

ADDRESS of BUSINESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES of PRACTICE \_\_\_\_\_ TO \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_ EMPLOYERS NAME \_\_\_\_\_

ADDRESS of BUSINESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES of PRACTICE \_\_\_\_\_ TO \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_ EMPLOYERS NAME \_\_\_\_\_

ADDRESS of BUSINESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES of PRACTICE \_\_\_\_\_ TO \_\_\_\_\_

If more space is needed, attach a separate sheet of paper

\_\_\_\_\_

**C. PHOTOGRAPH:** Attach below an original passport photograph of yourself taken within the preceding 3 months.

(attach photograph here)

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

OTHER DISTINGUISHING FEATURES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_